PEDIATRICS

UNDER THE CHARGE OF

THOMPSON S. WESTCOTT, M.D., AND FREDERICK O. WAAGÉ, M.D.,
OF PHILADELPHIA.

Diagnostic Phenomena of Infantile Weak-mindedness.—A. W. IVES (*Pediatrics*, 1916, xxviii, 67) aptly points out that a newborn baby corresponds in every sense to our definition and comprehension of idiocy since it lives reflexly and automatically and with this the as yet undeveloped brain has nothing to do. While the infant then cannot be called weak minded, an imbecile or demented, the mind being undeveloped, yet in the rapid development occurring subsequently certain retardations and signs presage the future accomplishment of these states of weak-mindedness. Retarded mental development may be due to simple evolutionary defect in quantity or quality or construction of the brain; to mental defect from intra-uterine disease such as meningitis or to hemorrhage from prolonged labor or pressure or to lack or perversion of internal secretions. These defects through inadequate reflex response cause a deficiency of spontaneous attention, hence the earliest diagnostic symptom of impending phrenasthenia is lack of attention. There is failure to notice things, an early indefinable tinge of physiognomy, a lack of expression or vacuous stare and something unnatural in the child's movements which presages future calamity. It is important to remember that all this may be due to congenital blindness and deafness. This lack of attention to external stimuli points to abnormal brain development, and resultant feeblemindedness. The special senses of taste and smell and touch are acute from the first day in normal infants and indifference to bad odors or sour tastes or backwardness in nursing suggests blunting of the senses. Weakminded children may remain unduly still as in cretinism or be in constant rhythmic motion as in the mongolian type. Anatomical anomalies of all kinds are significant in direct proportion to their number and prominence. Cretinism with its characteristic signs is seldom recognized before the sixth month while the mongolian type is often recognized a few days after birth. Frequent causeless crying and screaming and uncouth sounds generally prognosticate later mental deficiency. Impending idiocy makes itself felt during the early months of life, imbecility not until some years have passed. Hereditary insanity generally first shows itself about the age of puberty. About 20 per cent. of these defectives are hereditarily luetic. Early diagnoses of mental deficiency are essential to the proper care and treatment of those affected and from the economic and communal importance of hereditary transmissibility of these mental defects.

Myotonia Congenita (Thomsen's Disease) in a Child.—JOHN THOMSON (*Edinburgh Med. Jour.*, 1916, xvi, 216) in discussing this condition in a typical case says the great degree of muscular hypertrophy shown is characteristic of cases where the disease develops early in life. It is such a striking feature that it is apt to lead to a mistaken diagnosis of pseudohypertrophic paralysis. The prognosis of myotonia congenita is very different, however, as the abnormality of the muscles is unlikely to increase in later life and the patient, although probably always handicapped in his movements may be expected to acquire increasing skill in managing his unruly limbs. The case reported occurred in a boy, aged six years, the complaint being slowness of opening the eyes from earliest infancy and stiffness in the lower limbs ever since he began to walk. His intelligence has always been above the average and the thoracic and abdominal organs are normal. The difficulty in opening his eyes quickly is striking but readily passes off when the action is repeated several times. A similar slowness is noticed in the descent of the upper eyelids on looking down. The voluntary muscles all over the body, including those of the hands are much larger and stronger than those of a normally developed child. They show the same deliberation in contraction as the muscles of the eyelid when an attempt is made to bring them suddenly into action after a period of rest. A portion of muscle excised for pathological examination showed as the outstanding feature "a marked nuclear increase (sarcolemma nuclear proliferation). The muscle fibers are also slightly enlarged and the longitudinal and transverse striation is slightly more evident." There has been no trouble with micturition and enlarged tonsils and adenoids were recently and successfully removed under an anesthetic.

Prevention of Heart Disease in Rheumatic Children.—C. O. HAWTHORNE (*Amer. Med.*, 1916, xi, 99) points out that in rheumatic fever of adults joint symptoms are common and cardiac lesions occasional, while in children suffering from this disease arthritic incidents are inconspicuous and the risk of heart complications is very pronounced and heart lesions are a common result. One reason for this apparent cardiac susceptibility in rheumatic fever is probably the absence of painful joint symptoms in children with a consequent neglect of early and complete rest which would save the heart, and which is imposed on the adult by the painful joints. It is in this direction we must look for the prevention of cardiac mischief in children by securing the protective influence of early and complete rest. The medical profession is responsible for the proper education of families in the significance of a rheumatic inheritance on the children of the families or where a valvular condition has developed in one child to protect the others in similar cases of illness by early and complete rest. If the method proposed here does not seem to offer a very large promise, yet it has no competitor and until an alternative is proposed it is the plain duty of the profession to utilize it.

A Criticism of "Whole Milk" Feeding.—ERIC PRITCHARD (*Amer. Med.*, 1916, xi, 19) offers the following reasons against the policy of "whole milk" feeding in infants. He agrees that while in general the method gives good results it does not give "the best" results. It is unwise to confine oneself to any one particular food or method of feeding. It makes little difference what food one employs provided the following essential conditions are complied with: (1) the necessary elements for growth, maintenance, heat and energy production must be supplied in quantities required in each particular case; (2) these elements must be presented in a digestible and assimilable form and suited to the special physiological make-up of the child, and (3) the food must be of such a nature as to exercise and develop latent digestive capacity. Instead of modifying the specific physiological make-up of a child to a certain kind of food, a task which is very often impossible, Pritchard believes in adapting the food to physiologic idiosyncracies found in every case. Food requirements can be approximately estimated in terms of calories and on a basis of weight and age and, further, a mixed diet of proteins, fats and carbohydrates is better for a growing baby than any one or two of the proximate principles without the others. Dr. Vining's figures on the relative proportions of the elements of human and cow's milk are incorrect and Pritchard places the difference in the amount of lactose at 25 per cent. instead of 10 per cent., and in the amount of protein at 100 per cent. to 150 per cent., instead of less than 10 per cent. This is the central argument against the substitution of the one milk for the other in infant feeding. A food adaptable to a three months' infant should yield 495 calories and contain the three elements in the proportion found in human milk. The dilution of infants' food is too often excessive, the success of the "whole milk" method being probably based on the limited quantity of water used in that method. Individual adaptation is essential to the successful administration of food to infants and it is believed impossible for the physician to recognize pathological manifestations and modify the food accordingly if his practice is confined to one method of feeding. If the principles of percentage feeding are understood synthetic foods can be prepared in many ways to satisfy different physiological requirement. Dried milk if properly modified has all the advantages and few of the disadvantages of so-called dairy milk.

OBSTETRICS

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

The Nourishment and Care of Prematurely Born Children.—Langstein (*Berl. klin. Wchnschr.*, 1915, No. 24), reports the results of methods in use in the Empress Augusta Victoria Hospital for infants in Berlin. Among the inmates were 250 prematurely born children. Formerly it was customary to keep these in an incubating room whose temperature varied from 80° to 90°, and where the air contained 60 per cent. of moisture. There was reason to believe, however, that children kept in this room were less robust and developed less rapidly than those brought outside and given a better atmosphere and, accordingly, the use of the room was abandoned. The writer kept these prematurely born children in an ordinary nursery and supplied artificial